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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL JUSTIN GRABELLE FOR CONGRESS			7		
ADDRESS (number and street) PO BOX 865			-		
1 O BOX 665					
CITY, STATE, and ZIP CODE					
BROOKSVILLE FL 34605					
2. NAME OF CANDIDATE JUSTIN M GRABELLE	,	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
	House	FL 11	C00591206		
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	YES, IT AMENDS THE NOTICE FILED ON			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount	
Mohammad Ayman Joud	d Ayman Joud Self		day, year)		
				1000.00	
3382 St Ives Blvd		T (1 ID 50 0405			
		Transaction ID : F6.6127 Occupation			
Spring Hill FL 34609	-	Physician			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount	
Gauray Malhotra	Self				
				1000.00	
13463 Pullman Dr					
		Transaction ID : F6.6128			
Spring Hill FL 34609	Occupation Physician	Physician			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
Melinda Mathias	None		day, year)		
Wellinda Watillas			08/15/2016	1000.00	
5117 Banana Point Dr			00/10/2010	.000.00	
	Transaction ID : F6	Transaction ID : F6.6130			
Okahumpka FL 34762	Occupation FL 34762 Potitod				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Retired			Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount	
	Occupation				
				A	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount	
	Occupation	Occupation			
2000-00-0					
SIGNATURE (optional) Lori Sowers		[Electronically Filed] DATE 08/15/2016		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	
	[Electronically Filed]				
			IoII Free 800-424-9	9530, Local 202-694-1100	

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